

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

**Political Action Committee of the American Association of Orthopaedic
Surgeons**

ADDRESS (number and street)

317 Massachusetts Avenue, NE☐(Check if address
is changed)**1st Floor****Washington****DC****20002**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PAC@aaos.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.aaos.org/pac

COMMITTEE'S FAX NUMBER

202-546-5051

2. DATE

10**17****2007**

3. FEC IDENTIFICATION NUMBER

C C00343137

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

William J. Robb, III, MD

Signature of Treasurer

Electronically Filed by **William J. Robb, III, MD**

Date

10**17****2007**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer**William J. Robb, III, MD**

Mailing Address

2401 Ravine Way Ste 200**Glenview****IL****60025**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Orthopaedic Surgeon

Telephone number

847**998****5680**Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

CITY STATE ZIP CODE

Image# 27990828198

Form/Schedule: **F1N** Committee number C00343137 - email address is PAC@aaos.org.

Transaction ID:
